

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/523118

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3		1				
4		2				
5		2				
6		2				
7		2				
8	1					
9	1					
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		2				
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49						
50						
TOTAL IND.	3	↓	7	↓		↓
TOTAL DEP.	18	←	15	←		←
TOTAL CLAIMS	21		22			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

DC